

# **PATERNITY**

## **For Respondent Only**

# **3**

Do not copy  
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**Plus Child Custody, Child Support  
and Parenting Time  
("Visitation")**

**Part 3: How to Respond to a Petition  
(Forms Only)**



**SELF-SERVICE CENTER**  
**TO ESTABLISH PATERNITY**  
**WITH CHILD CUSTODY, SUPPORT and**  
**PARENTING TIME (“VISITATION”)**

**RESPONDENT ONLY**

**PART 3 -- RESPONSE TO PETITION**  
**(Forms Only)**

This packet contains court forms to respond to a petition for paternity. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRP3ft	Table of forms in this packet	1
2	DRP3k	Checklist to file forms in this packet	1
3	DRP31f	<b><i>“Answer to Petition for Paternity, Child Custody, Parenting time, Support”</i></b>	5
4	DRCVG13f	<b><i>“Affidavit Regarding Minor Children”</i></b>	2
5	DRCVG11f	<b><i>“Parenting Plan”</i></b>	5
6	DRS12f	<b><i>“Parent’s Worksheet”</i></b>	2
7	DRAD10f	<b><i>“”Alternative Dispute Resolution (ADR) Statement to the Court”</i></b>	1

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## SELF-SERVICE CENTER

### FORMS

## RESPONSE TO PATERNITY PETITION AND PAPERS CHECKLIST

Use the forms in this packet only if the following factors apply to your situation:

- ✓ You want to file a response to a paternity petition that another party filed in court.

Do not copy  
or file this page

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self, Without a Lawyer or  
 Attorney for ☐ Petitioner or ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
(Name of Petitioner)

Case Number: \_\_\_\_\_

and

### ANSWER TO PETITION FOR PATERNITY, CHILD CUSTODY, CHILD SUPPORT and PARENTING TIME ("Visitation")

\_\_\_\_\_  
(Name of Respondent)

### General Information:

#### 1. INFORMATION ABOUT THE OTHER PARTY, THE PLAINTIFF

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Occupation or Job Title: \_\_\_\_\_  
 Relationship to children for whom the paternity order is requested:  
☐ Mother ☐ Claims to be the Father ☐ Is a court-appointed guardian, conservator  
 or "best friend" for the child(ren)

#### 2. INFORMATION ABOUT ME, THE DEFENDANT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Occupation or Job Title: \_\_\_\_\_  
 Relationship to children for whom the paternity order is requested:  
☐ Mother ☐ Claims to be the Father ☐ I am the court-appointed guardian,  
 conservator or "best friend" for the child(ren)

#### 3. INFORMATION ABOUT THE CHILDREN is contained in the Affidavit of Minor Children filed with the Petition or in the Petition itself and incorporated by reference.

**Statements about Paternity:****4. WHY YOU THINK YOU OR THE OTHER PERSON IS NOT THE FATHER OF THE CHILD(REN):** (Check all boxes that apply)

- A. ☐ **AFFIDAVIT:** Plaintiff and Defendant **did not sign** an Affidavit or Acknowledgment of Paternity acknowledging that ☐ Plaintiff or ☐ Defendant is the child(ren)'s natural father.
- B. ☐ **BIRTH CERTIFICATE:** \_\_\_\_\_ is not named as the natural father on the child(ren)'s birth certificate(s), or a father by the name of \_\_\_\_\_ is named on the children's birth certificates.
- C. ☐ **BLOOD TEST:** The parties had DNA (Deoxyribonucleic Acid) Testing and \_\_\_\_\_ (name of father) is shown not to be the child(ren)'s natural father. A copy is attached to this Answer.
- D. ☐ **PARTIES NOT LIVING TOGETHER:** Plaintiff and Defendant were not married to each other at any time during the ten months before the birth of the child(ren). The parties did not live together during the period(s) when the child(ren) could have been conceived.
- E. ☐ **NO SEXUAL INTERCOURSE:** Plaintiff and Defendant were not living together and did not have sexual intercourse at the probable date of conception of the child(ren).
- F. ☐ **SEXUAL INTERCOURSE:** The mother of the children had sexual intercourse with someone else during the period in which the child(ren) could have been conceived.
- G. **OTHER** (explain)

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**5. ABOUT MARRIAGE AND HUSBAND** (if applicable, check one box only).

- ☐ Mother **was not married** at the time the child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, **OR**
- ☐ Mother **was married** when child(ren) were born or conceived or at least 10 months before the child(ren) were born or conceived, but husband is not the father of child(ren). (Husband must be included as a party to this court case because of marriage.)

**6. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PLAINTIFF ASKED FOR IN THE COMPLAINT:** (Summarize what is different between what you say about the children, and what the other party said in the Complaint.)

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## Other Statements to the Court:

7. **MEDICAL EXPENSES:** (Check the applicable boxes)  
☐ **There are** OR ☐ **There are not** unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to ☐ Plaintiff OR ☐ Defendant according to law.
8. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.
9. **DOMESTIC VIOLENCE:** (Check the correct box if you are asking for joint custody.)  
Significant domestic violence ☐ has or ☐ has not occurred between the parties.
10. **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the Plaintiff or the Defendant or the child(ren).
11. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

## Requests I make to the court in this lawsuit:

1. **PATERNITY:**  
Order that (name of father) \_\_\_\_\_ **is not the natural father** of the minor child(ren);  
  
Order that (name of father) \_\_\_\_\_ **is the natural father** of the minor child(ren).  
  
**IN THE EVENT THE COURT ORDERS THAT (name) \_\_\_\_\_ IS THE NATURAL FATHER, THEN THE COURT SHOULD ALSO ORDER AS FOLLOWS:**
2. **BIRTH CERTIFICATE:** (check the box and complete this sentence if you want this):  
☐ Order that (name of father) \_\_\_\_\_ name be added to each child's birth certificate;
3. **LAST NAME:** (check the box and complete this sentence if you want this):  
☐ Order that each child's last name be changed to the last name of \_\_\_\_\_;
4. **CUSTODY AND PARENTING TIME OF CHILDREN:** (check the box and complete A or B). Order that:  
  
A. ☐ **SOLE CUSTODY:** Sole custody of the minor child(ren) be awarded to \_\_\_\_\_ subject to parenting time as follows:

1. ☐ **Reasonable parenting time rights** to the parent who does not have custody, as will be described in a Parenting Plan attached to the Final Order. OR
2. ☐ **Supervised parenting time** between the children and the other party is in the best interests of the children because (explain here reasons for supervision or no parenting time): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 i. Person to supervise: \_\_\_\_\_  
 ii. Requested restrictions on parenting time: (explain here) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 iii. The cost of supervised parenting time shall be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties. OR
3. ☐ **No parenting time rights** to the parent who does not have custody is in the best interests of the child(ren) for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OR**

- B. ☐ **JOINT CUSTODY:** Plaintiff and Defendant agree to act as joint custodians of the children, as set forth in the Joint Custody Agreement in the Parenting Plan by the parties, signed by both parties. There have been no significant acts of domestic violence by either parent.
5. **CHILD SUPPORT:** Order that child support be paid by ☐ Plaintiff OR ☐ Defendant in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines, payable on the first day of each month, beginning the first day of the month following the signing of the final order. These payments, and a handling fee, shall be paid through the Support Payment/Clearinghouse and collected by automatic wage assignment. Costs for past child support and care for child(ren) in the amount of \$ \_\_\_\_\_ to be paid by ☐ Plaintiff OR ☐ Defendant in the amount of \$ \_\_\_\_\_ each month until paid in full.
6. **EXPENSES OF MOTHER:** Order that ☐ Plaintiff OR ☐ Defendant pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of the child(ren).

Case No. \_\_\_\_\_

7. **HEALTH, MEDICAL AND DENTAL INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:** Order that ☐ Plaintiff or ☐ Defendant pay for health, medical, dental insurance coverage for the children under the age of 18 years, and that the Plaintiff and Defendant shall pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.
8. **TESTING and COSTS:** Order that if paternity is contested, Plaintiff and Defendant be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity. And, that the other party pay all costs and expenses of this lawsuit under Arizona law, A.R.S. 25-809, including blood tests or other genetic testing; filing each child's birth certificate, attorney's fees and court costs;
9. **OTHER ORDERS I AM REQUESTING** (explain request here): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this:

\_\_\_\_\_  
(date)

by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

I promise that I mailed a copy of my Answer/Response to the other party on: \_\_\_\_\_

(Month, Day, Year)

\_\_\_\_\_  
Name of Person who mailed Answer/Response



Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Atlas Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR  
 Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner

Case Number: \_\_\_\_\_

and

### AFFIDAVIT REGARDING MINOR CHILDREN

\_\_\_\_\_  
 Name of Respondent

**NOTICE:** This "Affidavit Regarding Minor Children" is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. **CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

2. **INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

3. **COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain on separate paper,. If not, go on.)

Case No. \_\_\_\_\_

Name of each child: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN).** (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON.** (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: \_\_\_\_\_  
Name of person with the claim: \_\_\_\_\_  
Address of person with the claim: \_\_\_\_\_  
Nature of the claim: \_\_\_\_\_

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number \_\_\_\_\_

AND

**PARENTING PLAN FOR:**

☐ **JOINT CUSTODY WITH JOINT  
CUSTODY AGREEMENT**

**OR**

☐ **SOLE CUSTODY**

\_\_\_\_\_  
Name of Respondent

☐ Mother

☐ Father

### INSTRUCTIONS

**This document has 3 parts:** PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

**One or both parents must complete and sign the Plan as follows:**

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

### PART 1: GENERAL INFORMATION:

**A. CHILDREN.** This Plan concerns the following children: (Use additional paper if necessary)


- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
- ☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

**PART 2: CUSTODY AND PARENTING TIME.** Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
- 
- ☐ The children will be in the care of Mother as follows: (Explain).
- 
- ☐ Other custody arrangements are as follows: (Explain).
- 
- ☐ Transportation will be provided as follows:
- ☐ Mother or ☐ Father will pick the children up at \_\_\_\_\_ o'clock.
- ☐ Mother or ☐ Father will drop the children off at \_\_\_\_\_ o'clock.
- Parents may change their time-share arrangements by mutual agreement with at least \_\_\_\_ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
- 
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
- 
- ☐ Each parent is entitled to a \_\_\_\_ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least \_\_\_\_ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

**C. HOLIDAY SCHEDULE:** The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

**D. PARENTAL ACCESS TO RECORDS AND INFORMATION:** Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

**E. EDUCATIONAL ARRANGEMENTS:**

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**F. MEDICAL AND DENTAL ARRANGEMENTS:**

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**G. RELIGIOUS EDUCATION ARRANGEMENTS:**

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

**H. ADDITIONAL ARRANGEMENTS AND COMMENTS:**

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within \_\_\_\_\_ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***“Parenting Plan/Access Agreement”*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

**NOTICE TO PARENTS:** Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

**I. SIGNATURE OF BOTH PARTIES**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):**

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every \_\_\_\_\_ months from the date of this document.
  - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
    - a.** The best interests of the child(ren) are served;
    - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
    - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
    - d.** The Plan includes a procedure for periodic review;
    - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
    - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

**B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____



	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$   (35) \$  

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing: ☐ Self ☐ Petitioner ☐ Respondent  
 State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Petitioner

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
 Respondent

### ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.C.P. 16(g)(2)

Check appropriate box below:

☐ Petitioner's Statement

☐ Respondent's Statement

☐ Joint Statement (signed by both parties)

Pursuant to the Arizona Rules of Family Law Procedure, we hereby state the following, under penalty of perjury:

1. ☐ The parties agree to participate in the following Alternative Dispute Resolution (ADR) process and:
  - a. have selected the following ADR process:
    - ☐ Arbitration
    - ☐ Mediation
    - ☐ Settlement Conference
    - ☐ Other: \_\_\_\_\_
  - b. ☐ The parties will use a private provider OR  
☐ The parties request a program provided through the court.
  - c. The person or company providing the ADR service is: \_\_\_\_\_
  - d. The parties expect to complete the ADR process by \_\_\_\_\_, \_\_\_\_.
2. ☐ The parties have been unable to agree on an ADR process.
  - ☐ The ☐ Petitioner ☐ Respondent believe(s) that the following ADR process would be appropriate: \_\_\_\_\_
  - ☐ The ☐ Petitioner ☐ Respondent request(s) a conference to discuss ADR.
  - ☐ The ☐ Petitioner ☐ Respondent believe(s) that an ADR process would not be appropriate for the following reason: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Respondent